

April 24, 2009

Los Angeles County **Board of Supervisors**

TO:

Each Supervisor

Gloria Molina First District

John F. Schunhoff, Ph.D. A. Aplawy for IS FROM:

Mark Ridley-Thomas Second District Interim Director

Zev Yaroslavsky Third District

Don Knabe

SUBJECT:

STATUS REPORT ON KEY INDICATORS OF PROGRESS,

HOSPITAL OPERATIONS. AND OTHER ISSUES RELATED TO THE TRANSITION TO THE NEW LAC+USC MEDICAL CENTER - PROGRESS REPORT #10 (Agenda Item #S-1,

April 28, 2009)

Fourth District

Michael D. Antonovich Fifth District

John F. Schunhoff, Ph.D. Interim Director

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This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is the full monthly operational report with trends to include the period of March 2009.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of March 2009 was 572 out of 671 licensed beds, an estimated 83% utilization rate (85% occupancy). This is an increase from an ADC of 563 for February 2009. The census for Medical/Surgical units was an estimated 94% utilization rate (96% occupancy) for March 2009.

Diversion Data

www.dhs.lacounty.gov

ED saturation diversion averaged 55% for the month of March 2009 which is a slight increase from the month of February 2009 which was 52%.

Emergency Department

To improve health through leadership. service and education.

LAC+USC is targeted to begin implementing the ED Surge Plan on April 21, 2009. The Surge Plan is a unit by unit specific plan and has been revised to reflect the footprint of the new facility. The Department reported in Progress Report Update #9 that a component of the highest levels of crowding would be temporarily admitting patients to inpatient hallways during peak levels of ED volume. After re-evaluation of the ED Surge Plan, DHS will implement other available options to address potential surge at the facility.

If you have any questions or need additional information, please contact me or Carol Meyer, Interim Chief Network Officer at (213) 240-8370.

JFS:CM:pm 811:003

Attachments

C: Chief Executive Officer County Counsel Executive Officer, Board of Supervisors



www.dhs.lacounty.gov

Operational Monitoring Report Reporting Period – March 2009

Indicator	Definition	Data	Comments
Indicator #1	– Trends in Average Dai	y Census and Hospital Operations Metrics	
1a. Average Daily Census (ADC)	ADC: A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean. Calculation: Total number of admitted inpatients at 12:00 AM midnight daily, summed over the month and divided by the total number of days in the month. Source of Data: Affinity	ADC 100	ADC provided as background information.

4/22/2009

Indicator	Definition	Data	Comments
Indicator #1	– Trends in Average Dail	y Census and Hospital Operations Metrics	
1b. Occupancy Rate LAC+USC Medical Center	Definition: A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period. Calculation: The total number of admitted inpatients at 12:00 AM midnight, including women in labor, may include normal newborns and psychiatric inpatients divided by licensed or budgeted beds. Source of Data: Affinity Target: 95%	1. Medical Center Licensed Occupancy Rate (excluding Newborns) = Med Center Census – Newborns / 600 Med Center Census – Newborns / 600 85% 81% 977% 69% 65% Nov '08 Dec '08 Jan '09 Feb '09 Mar '09 2. Medical Center Licensed Occupancy Rate (including Newborns) Med Center Census + Newborns / 600 Med Center Census + Newborns / 600 Med Center Census + Newborns / 600 85% 81% 82% 83% 84% 85% 86% 86% 86% 86% 86% 86% 86% 86% 86% 86	For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.

Indicator Definition	Data	Comments
	3. Healthcare Network Budgeted Occupancy Med Center Census + Newborns + Psych Hosp Census / 671 Med Center Census + Newborns + Psych Hosp Census / 671 85% 85% 81% 77% 73.7% 73.7% 69% 65% Nov '08 Dec '08 Jan '09 Feb '09 Mar '09 Medical Center = New Facility Healthcare Network = New Facility + Psychiatric Hospitals	

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Department	Metrics	
2a. Median Emergency Department Boarding Time (EDBT)	Boarding Time: Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned bed (effective date and time of the ED disposition).	7:12 6:00 6:00 7:12 4:58 4:44 4:33	
*Harris Rodde Indicator	Calculation: The middle value in the set of individual boarding times for the month arranged in increasing order. If there is an even number of values, then the median is the average of the middle two values.	(i.i) 3:36 - 4:28 4:12 4:12 4:12 2:22 3:00 2:221 2:18 2:17 2:22 3:00 Adult Peds Total	
	Source of Data: Affinity Target: Less than 7 hours.	■ Nov '08	
		March '09 data is Preliminary data	

Indicator	Definition	Data	Comments
Indicator	Definition	Dec '06' '07'	Comments
	·	March '09 data is Preliminary data	

Indicator	Definition				Data		Comments
Indicator #2 -	Emergency Department	Metric	cs				
	Emergency Department ED Wait Time: Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean. Definition: Sum of all wait time values during the monthly reporting period divided by the total number of values. Source of Data: Affinity Target: No target value. Lower numbers are better.	Adult patien Total	12:57 11:31 10:04 08:38 07:12 05:45 04:19 02:52 01:26 00:00 Nov '08 Dec '08 Dec '08 Jan '09 Feb '09 Mar '09 Wait Tints	Adult 10:36 11:07 12:20 10:54 10:18		Total 10:30 09:36 10:41 9:19 12:12 Prvation Unit, and Jail on Unit, and Jail	

LAC+USC Medical Center Operational Monitoring Report Reporting Period – March 2009

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Department	Metrics	
2c. Left Without Being Seen (LWBS)	LWBS: The total number of patients who left the ED without being seen by a physician reported as a percentage of all ED visits.	Left Without Being Seen 2000 1800 1600 14% 1400	
*Harris Rodde Indicator	Calculation: The total number of patients who left the ED without being seen divided by the total number of ED patient visits on a monthly basis. Source of Data: Affinity Target: No target value. Lower numbers are better.	1200	
		March '09 data is Preliminary data	

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2d. ED Diversion	ED Diversion: A percentage measure of the time the ED diverts ambulance traffic away from the ED, reported as a function of the reason for diversion on a monthly basis. Calculation: The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month. Source of Data: ReddiNet	Diversion of ALS Units due to ED Saturation TO	This is slightly lower than the before move diversion history which generally ranged between 50-60%. Key points: Diversion is for paramedic runs only; Basic Life Support ambulances still arrive. When diversion is requested but all hospitals in the area are on diversion, patients go to the closest hospital. Therefore, ambulances often arrive while "on diversion".
2e. Surge Report		Surge reporting suspended during move weeks. Data not available. Will provide when reinstituted.	

Indicator	Definition		Data			Comments
Indicator #3	– Trends for Patient Dive	rsions and Transfers & #4	– Transfers	to Rancho Los A	Amigos Metrics	3
3. & 4.	Transfers:	Month of March				
Rancho	The volume of patients transferred to RLAH for	Referrals from ER:				
Los Amigos	acute hospitalization		Med/Surg	Acute Stroke	Total	
Hospital	from the Emergency Department and from	# Met transfer criteria	61	NA	_	
(RLAH) Transfers	Inpatient Units.	# Referred to RLAH	61	19	80	
		# Transfers	32	19	51	
	Data Source: Manual record keeping.	# Denied	1	NA		
	Managar receiving.	# Cancelled	2	NA	_	
	Cancelled category	# Patients refused	26	NA	-	
	includes patients who's condition changed leading to higher level	Referrals from Inpatients) <u>:</u>			
	of care or discharge home.		Med/Surg	Acute Stroke	Total	
		# Met transfer criteria	30	NA	_	
		# Referred to RLAH	30	2	32	
		# Transfers	24	2	26	
		# Denied	2	NA	-	
		# Cancelled	3	NA		
		# Patients refused	0	NA	-	
	•	Other /Pending	1	NA	-	

Indicator	Definition	Data	Comments
Indicator #5	– Harris Rodde Indicator		
Average Length of Stay (ALOS)	LOS: The difference between discharge date and the admission date or 1 if the 2 dates are the same. Total LOS: Calculation: ALOS is the arithmetic mean calculated by dividing the Total LOS by the Total # of	ALOS 6.5 6.5 6.5 6.5 6.5 6.5 6.5 6.5 6.5 6.	Overall trend in ALOS for the 2-year period prior to the move reduced to a low range of 4.7 – 5.5 days in 2008. Immediately prior to the move, the ALOS increased as the lower acuity patients were transferred to other facilities. This trend may continue depending on number of transfers.
*Harris Rodde Indicator	discharges in the monthly reporting period, rounded off to one decimal place.	3	
	Source of Data: Affinity Target: <5.5 days	*Healthcare Network ALOS - Preliminary data pending Auditor-Controller validation	

LAC+USC Medical Center Operational Monitoring Report Reporting Period – March 2009

Indicator #6 – Pediatric Metrics 6. Pediatric Bed Census and Occupancy (%) Pediatric ICU (PICU) Neonatal ICU (NICU) Pediatric Unit Adolescent Unit Source of Data: Pediatric Metrics Pediatrics Pediatrics Pediatrics Pediatrics Pediatrics Pediatrics Pediatrics Pediatrics Pediatrics NICU (40 Peds Ward (25 Beds) Picu (10 Beds) NICU (40 Peds Ward (25 Beds) Picu (10 Beds) NICU (40 Peds Ward (25 Beds) NICU (40 Peds Ward (40 Peds Ward (25 Beds)) NICU (40 Peds Ward (4	Indicator	Definition			Data			Comments
Pediatric Bed Census and Occupancy (%) Pediatric ICU (PICU) Neonatal ICU (NICU) Pediatric Unit Adolescent Unit Pediatric Bed Census and Occupancy (%) The total number admitted pediatric inpatients at 12:00 AM midnight of a designated pediatric ward. Neonatal ICU (NICU) Pediatric Unit Adolescent Unit NICU (40 Peds Ward (25 Beds) PICU (10 Beds) NICU (40 Peds Ward (25 Beds) PICU (10 Beds) NICU (40 Peds Ward (25 Beds) PICU (10 Beds) NICU (40 Beds)	Indicator #6 – P	ediatric Metrics						
Adolescent Unit Beds) Adolescent Unit Adolescent Unit Beds) Beds) Adolescent Unit Beds) Beds) Beds) Beds)	Pediatric Bed Census and Occupancy	The total number admitted pediatric inpatients at 12:00 AM midnight of a designated pediatric	80% - 3 60% -					
Adolescent Unit unit and reported as percentage. 56% 54% 50% 33% □ Dec-08 52% 60% 60% 40% □ Jan-09 52% 68% 70% 75%	(PICU) Neonatal ICU (NICU)	The total number of admitted pediatric inpatients divided by the total number of		NICU (40	Peds Ward	PICU (10	Med/Surg Adoles cent	
□ Jan-09 52% 68% 70% 75%	Adolescent	unit and reported as	=				<u> </u>	
Source of Data: Feb-09			□Jan-09	52%	68%	70%	75%	
		Source of Data:	□Feb-09	50%	80%	80%	85%	
Affinity		Affinity	☑ Mar-09	57%	72%	70%	80%	